

WAR DEPARTMENT  
OFFICE OF THE ASSISTANT SECRETARY OF WAR  
STRATEGIC SERVICES UNIT  
25th & E STREETS, N.W.  
WASHINGTON 25, D.C.

In accordance with Executive Order 9621 terminating the Office of Strategic Services and creating the Strategic Services Unit of the War Department, it is necessary to continue the liquidation of Strategic Services Unit. This liquidation is to be made in accordance with regulations and procedures of the Civil Service Commission.

It has been determined that you are one of the employees to be separated and your service with this office will be terminated at the close of business on . . . Transportation arrangements for your return to the United States will be made by the officials at your headquarters location. If you do not arrive in the U. S. prior to the effective date of your termination, an extension of the terminal date will be issued from Washington. *upon your arrival in Washington*

The regulations pertaining to this liquidation will be available for your inspection upon your return. If you have re-employment rights, you should apply to the agency concerned for reinstatement not later than 40 days after the effective date of your separation from the rolls of this ~~office~~ <sup>agency</sup>. Further information regarding your rights will be available in the Washington Office.

If there are other problems with which you need assistance, we shall be glad to discuss them with you when you arrive.

FOR THE DIRECTOR:

PERSONNEL ACTION REQUEST

This form is to be initiated in triplicate by the appropriate Branch or Office Chief for processing in accordance with existing personnel procedures. Upon approval, the original and one copy will be retained by the Disbursing Office and one copy returned to the originating office.

NAME _____		DATE _____	
NATURE OF ACTION _____		NUMBER OF DEPENDENTS _____	
EFFECTIVE DATE _____		LOCATION OF DEPENDENTS _____	
MARITAL STATUS _____		CITIZENSHIP _____ SEX _____ AGE _____	
FROM		TO	
POSITION _____		POSITION _____	
CONTROL NO. _____		CONTROL NO. _____	
CLASSIFICATION _____		CLASSIFICATION _____	
ANNUAL GROSS SALARY _____		ANNUAL GROSS SALARY _____	
OFFICIAL STATION _____		OFFICIAL STATION _____	
ALLOWANCES:		ALLOWANCES:	
QUARTERS _____		QUARTERS _____	
COST OF LIVING _____		COST OF LIVING _____	
SPECIAL FOREIGN LIVING _____		SPECIAL FOREIGN LIVING _____	
TOTAL _____		TOTAL _____	
OFFICE:		OFFICE:	
BRANCH _____		BRANCH _____	
DIVISION _____		DIVISION _____	

TO BE PAID BY \_\_\_\_\_ OFFICE \_\_\_\_\_  
 (Field)  
 TAX WITHHELD IN UNITED STATES \_\_\_\_\_  
 INSURANCE TO BE WITHHELD IN UNITED STATES \_\_\_\_\_  
 (Amount subject to change if premium is increased or decreased)  
 SAVINGS BONDS \_\_\_\_\_  
 RETIREMENT WITHHELD IN UNITED STATES \_\_\_\_\_  
 OTHER (Specify in detail) \_\_\_\_\_  
 ALLOTMENTS \_\_\_\_\_  
 (Name of Allottee)  
 Address \_\_\_\_\_  
 TOTAL GROSS SALARY PER PAY PERIOD \_\_\_\_\_

I hereby authorize and direct the Disbursing Office to make above allotments from my compensation.

\_\_\_\_\_  
 (Signature of Employee)

JOB DESCRIPTION:

SPECIAL QUALIFICATIONS

REASONS FOR ACTION

DATE OF LAST PROMOTION

APPROVED \_\_\_\_\_ OFFICE  
(Field)

\_\_\_\_\_  
(Chief of Mission) Date \_\_\_\_\_

\_\_\_\_\_  
(Security Officer) Date \_\_\_\_\_

\_\_\_\_\_  
(Special Funds Officer) Date \_\_\_\_\_

APPROVED -- U.S. OFFICE

\_\_\_\_\_  
(Administrative Officer) Date \_\_\_\_\_

\_\_\_\_\_  
(Branch Chief) Date \_\_\_\_\_

\_\_\_\_\_  
(Chairman, Pers. Review Com.) Date \_\_\_\_\_

\_\_\_\_\_  
(Special Funds Officer) Date \_\_\_\_\_

• **INSTRUCTIONS.**—Answer **every** question **clearly** and **completely**. **Typewrite** or **print in INK**. If you are applying for a specific United States Civil Service examination, read the examination announcement carefully and follow all directions. Mail this application to the office named in the announcement. Be sure to mail to the same office **any other forms required** by the announcement. Notify the office with which you file this application of any change in your address.

APPLICATION NO.	1. Name of examination, or kind of position applied for:		
	2. Optional subject (if mentioned in examination announcement):		
	3. Place of employment applied for:		
	4. Mr. (First name)	(Middle)	(Maiden, if any) (Last)
	5. Street and number or R. D. number:		
ANNOUNCEMENT	City or post office (including postal zone), and State:		
	6. Legal or voting residence (State):	7. Office phone No.	Home phone:
	8. Place of birth (city and State; if born outside U. S. name city and country):		
	9. Date of birth (month, day, year):	10. Age last birthday:	11. <input type="checkbox"/> Male <input type="checkbox"/> Female
	12. <input type="checkbox"/> Married <input type="checkbox"/> Single	13. Height without shoes: _____ feet _____ inches _____ pounds	
SELECTION NO.	14. Have you ever been employed by the Federal Government? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If now employed by the Federal Government, give present grade and date of last change in grade:		

**DO NOT WRITE IN THIS BLOCK**  
For Use of Civil Service Commission Only

<input type="checkbox"/> Appor. <input type="checkbox"/> Non-appor.		Material <input type="checkbox"/> Submitted <input type="checkbox"/> Returned		Entered register:	
Notations:			App. Review:		
			Approved:		
OPTION	GRADE	EARNED RATING	PREFER- ENCE	AUGM. RATING	
			<input type="checkbox"/> 5 points (tent.)		
			<input type="checkbox"/> 10 points		
			<input type="checkbox"/> Wife or Widow		
			<input type="checkbox"/> Disal.		
			<input type="checkbox"/> Being investi- gated		
INITIALS AND DATE					

<p>Indicate "Yes" or "No" answer by placing <b>X</b> in proper column</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;">YES</th> <th style="width: 20%; text-align: center;">NO</th> </tr> </table>		YES	NO	<p>15. (c) If you will accept appointment in certain locations <b>ONLY</b>, give acceptable locations:</p>																		
	YES	NO																				
<p>15. (a) Would you accept short-term appointment, if offered, for—</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">1 to 3 months?.....</td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> </tr> <tr> <td>3 to 6 months?.....</td> <td></td> <td></td> </tr> <tr> <td>6 to 12 months?.....</td> <td></td> <td></td> </tr> </table> <p>(b) Would you accept appointment, if offered—</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">in Washington, D. C.?.....</td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> </tr> <tr> <td>anywhere in the United States?.....</td> <td></td> <td></td> </tr> <tr> <td>outside the United States?.....</td> <td></td> <td></td> </tr> </table>	1 to 3 months?.....			3 to 6 months?.....			6 to 12 months?.....			in Washington, D. C.?.....			anywhere in the United States?.....			outside the United States?.....			<p>(d) What is the lowest entrance salary you will accept: \$..... per year.</p> <p style="text-align: center;"><b>You will not be considered for positions paying less.</b></p> <p>(e) If you are willing to travel, specify:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Occasionally</td> <td style="width: 33%;"><input type="checkbox"/> Frequently</td> <td style="width: 33%;"><input type="checkbox"/> Constantly</td> </tr> </table>	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Frequently	<input type="checkbox"/> Constantly
1 to 3 months?.....																						
3 to 6 months?.....																						
6 to 12 months?.....																						
in Washington, D. C.?.....																						
anywhere in the United States?.....																						
outside the United States?.....																						
<input type="checkbox"/> Occasionally	<input type="checkbox"/> Frequently	<input type="checkbox"/> Constantly																				
<p><b>16. EXPERIENCE.</b>—You are requested to furnish all information asked for below in <b>sufficient</b> detail to enable the Civil Service Commission and the appointing officers of agencies to determine your qualifications for the position for which you are applying. In the spaces provided below describe <b>EVERY</b> position you have held. Use a separate block for <b>EACH</b> position. You may also include any pertinent religious, civic, welfare or organizational activity which you have performed, either with or without compensation, showing the number of hours per week and weeks per year in which you were engaged in such activity. Start with your <b>PRESENT</b> position and work back, accounting for <b>all</b> periods of unemployment. Explain clearly the principal tasks which you performed in each position. Describe your experience in the Armed Services in question 17 (Military Experience).</p> <p>(a) If you were ever employed in any position under a name different from that shown in Item 4 of this application, give under "Description of your work" for each position, the name used.</p> <p>(b) If you have never been employed or are now unemployed, indicate that fact in the space provided below for "Present Position."</p>																						
<p><b>PRESENT POSITION</b></p>																						
<p>Dates of employment: (Month, year)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">From:</td> <td style="width: 40%;">To present time</td> </tr> </table> <p>Place of employment (city and State):</p>	From:	To present time	<p>Exact title of your present position:</p>	<p>Salary or earnings:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Starting, \$</td> <td style="width: 40%;">per</td> </tr> <tr> <td>Present, \$</td> <td>per</td> </tr> </table>	Starting, \$	per	Present, \$	per														
From:	To present time																					
Starting, \$	per																					
Present, \$	per																					
<p>Name and address of employer (firm, organization, or person). If Federal, name department, bureau or establishment, and division:</p>	<p>Description of your work:</p>																					
<p>Kind of business or organization (e. g., wholesale silk, insurance agency, mfg. of locks, etc.):</p>																						
<p>Number and kind of employees supervised by you:</p>																						
<p>Name and title of immediate supervisor:</p>																						
<p>Reason for desiring to change employment:</p>																						

(CONTINUED ON NEXT PAGE)

16-47298-1



17. MILITARY EXPERIENCE.—In order to make the most effective placement of war veterans, detailed information is needed regarding training and experience they have acquired in the Armed Services. Fill in the appropriate space for each service school you have attended. If you attended no special or technical schools while in the service, write in Item (a) "No attendance at service schools" and indicate in Item (c) all important changes in duty assignment, showing dates of such assignment.

<p>(a) First Special Service School attended:</p> <p>Location: _____</p> <p>Dates attended (months, years): _____</p> <p>From: _____ To: _____</p> <p>Rating received at end of this training: _____</p>	<p>(b) What were you taught in First Special Service School?</p> <p>_____</p> <p>_____</p> <p>_____</p>																																				
<p>(c) Duty assignment or rating after this training (give all important changes in duty assignment whether or not you attended a Service School):</p> <p>_____</p> <p>Dates of duty assignment (months, years): _____</p> <p>From: _____ To: _____</p>	<p>(d) What did you do during this duty assignment?</p> <p>_____</p> <p>_____</p> <p>_____</p>																																				
<p>(e) Second Special Service School attended:</p> <p>Location: _____</p> <p>Dates attended (months, years): _____</p> <p>From: _____ To: _____</p> <p>Rating received at end of this training: _____</p>	<p>(f) What were you taught in Second Special Service School?</p> <p>_____</p> <p>_____</p> <p>_____</p>																																				
<p>(g) Duty assignment after this training:</p> <p>_____</p> <p>Dates of duty assignment (months, years): _____</p> <p>From: _____ To: _____</p>	<p>(h) What did you do during this duty assignment?</p> <p>_____</p> <p>_____</p> <p>_____</p>																																				
<p>List on a separate sheet of paper any additional experience, training, service, or special duty assignments during military service or hospitalization.</p>																																					
<p>18. EDUCATION.—Circle highest grade completed:</p> <p>1 2 3 4 5 6 7 8 9 10 11 12</p> <p>Mark (x) the appropriate box to indicate satisfactory completion of:</p> <p><input type="checkbox"/> Elementary School <input type="checkbox"/> Junior High School <input type="checkbox"/> Senior High School</p>																																					
<p>(c) Name and Location of College or University</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>(a) Give name and location of last high school attended:</p> <p>_____</p> <p>(b) Subjects studied in high school which apply to position desired:</p> <p>_____</p>																																				
<p>(d) List Your Chief Undergraduate College Subjects</p> <p>_____</p> <p>_____</p> <p>_____</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Dates Attended</th> <th colspan="2">Years Completed</th> <th colspan="2">Degrees Conferred</th> <th rowspan="2">Semester Hours Credit</th> </tr> <tr> <th>From—</th> <th>To—</th> <th>Day</th> <th>Night</th> <th>Title</th> <th>Date</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Dates Attended		Years Completed		Degrees Conferred		Semester Hours Credit	From—	To—	Day	Night	Title	Date																							
Dates Attended		Years Completed		Degrees Conferred		Semester Hours Credit																															
From—	To—	Day	Night	Title	Date																																
<p>(e) Other training, such as vocational, business, study courses given through the Armed Forces Institute (show name and location of school), or "in-service training" in a Federal agency:</p> <p>_____</p> <p>_____</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Subjects Studied</th> <th colspan="2">Dates Attended</th> <th colspan="2">Years Completed</th> </tr> <tr> <th>From—</th> <th>To—</th> <th>Day</th> <th>Night</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Subjects Studied	Dates Attended		Years Completed		From—	To—	Day	Night																											
Subjects Studied	Dates Attended		Years Completed																																		
	From—	To—	Day	Night																																	
<p>19. Indicate your knowledge of foreign languages:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3">READING</th> <th colspan="3">SPEAKING</th> <th colspan="3">UNDERSTANDING</th> </tr> <tr> <th>Exc.</th> <th>Good</th> <th>Fair</th> <th>Exc.</th> <th>Good</th> <th>Fair</th> <th>Exc.</th> <th>Good</th> <th>Fair</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> <p>(a) How was your knowledge of foreign languages acquired?</p> <p>_____</p> <p>(b) If you have traveled or resided in any foreign countries, indicate (1) names of countries, (2) dates and length of time spent there and (3) reason or purpose (e. g., business, education, recreation):</p> <p>_____</p>	READING			SPEAKING			UNDERSTANDING			Exc.	Good	Fair	Exc.	Good	Fair	Exc.	Good	Fair																			<p>21. Are you now or have you ever been a licensed or certified member of any trade or profession (such as pilot, electrician, radio operator, teacher, lawyer, CPA, etc.)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Give kind of license and State: _____</p> <p>First license or certificate (year): _____</p> <p>Latest license or certificate (year): _____</p> <p>22. Give any special qualifications not covered elsewhere in your application such as:</p> <p>(a) your more important publications (do NOT submit copies unless requested)</p> <p>(b) your patents or inventions</p> <p>(c) public speaking and public relations experience</p> <p>(d) membership in professional or scientific societies, etc.</p>
READING			SPEAKING			UNDERSTANDING																															
Exc.	Good	Fair	Exc.	Good	Fair	Exc.	Good	Fair																													
<p>20. List any special skills you possess and machines and equipment you can use, such as operation of short-wave radio, multilith, computer, key-punch, turret lathe, scientific or professional devices:</p> <p>_____</p> <p>Approximate number of words per minute in typing _____ shorthand _____</p>																																					

23. REFERENCES.—List three persons living in the United States or Territories of the United States who are NOT related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors listed under Item 16 (EXPERIENCE).

FULL NAME	BUSINESS OR HOME ADDRESS (Give complete address, including street and number)	BUSINESS OR OCCUPATION
1.		
2.		
3.		

24. May inquiry be made of your present employer regarding your character, qualifications, etc.? ☐ Yes ☐ No

Indicate "Yes" or "No" answer by placing <b>X</b> in proper column.	YES	NO	Indicate "Yes" or "No" answer by placing <b>X</b> in proper column.	YES	NO						
25. Are you a citizen of the United States?.....			35. Have you any physical defect or disability whatsoever?..... If your answer is "Yes," give complete details in Item 38.								
26. Do you advocate or have you ever advocated, or are you now or have you ever been a member of any organization that advocates the overthrow of the Government of the United States by force or violence?..... If your answer is "Yes," give complete details in Item 38:			36. (a) Were you ever in the United States Military or Naval Service during time of War?..... (b) Is the word "honorable" or the word "satisfactory" used in your discharge or separation papers to show the type of your discharge or separation?..... (c) Was service performed on an active full-time basis, with full military pay and allowances?.....								
27. Within the past 12 months, have you habitually used intoxicating beverages to excess?.....			(d) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Date of entry or entries into service:</td> <td>Date of separation or separations:</td> </tr> <tr> <td>Branch of service (Army, Navy, M. C., C. G., etc.)</td> <td>Grade (rank) or rating at time of separation:</td> <td>Serial No.</td> </tr> </table>	Date of entry or entries into service:		Date of separation or separations:	Branch of service (Army, Navy, M. C., C. G., etc.)	Grade (rank) or rating at time of separation:	Serial No.		
Date of entry or entries into service:		Date of separation or separations:									
Branch of service (Army, Navy, M. C., C. G., etc.)	Grade (rank) or rating at time of separation:	Serial No.									
28. Since your 16th birthday, have you ever been convicted, or fined, or imprisoned, or placed on probation, or have you ever been ordered to deposit bail, for the violation of any law, police regulation or ordinance (excluding minor traffic violations for which a fine of \$25 or less was imposed)?..... If your answer is "Yes," list all such cases under Item 38 below. Give in each case (1) the date; (2) the nature of the offense or violation; (3) the name and location of the court; (4) the penalty imposed, if any, or other disposition of the case. If appointed your fingerprints will be taken.			IF YOUR ANSWERS TO THIS QUESTION (No. 36) INDICATE THAT YOU ARE ENTITLED TO VETERAN PREFERENCE, SUCH PREFERENCE WILL BE CREDITED IN THE EXAMINATION. IF APPOINTED, YOU WILL BE REQUIRED TO FURNISH TO THE APPOINTING OFFICER, PRIOR TO ENTRY ON DUTY, OFFICIAL EVIDENCE OF SEPARATION FROM YOUR LATEST PERIOD OF ACTIVE SERVICE IN THE ARMED FORCES OF THE UNITED STATES DURING TIME OF WAR. DO NOT SUBMIT PROOF OF DISCHARGE OR SEPARATION WITH THIS APPLICATION.								
29. Have you ever been discharged or forced to resign for misconduct or unsatisfactory service from any position?..... If your answer is "Yes," give in Item 38 the name and address of employer, date, and reason in each case.			Indicate "Yes" or "No" answer by placing <b>X</b> in proper column.								
30. Do you receive an annuity from the U. S. or D. C. Government under any retirement act or any pension or other compensation for military or naval service?..... If your answer is "Yes," give in Item 38 reason for retirement, that is, age, optional, disability, or by reason of voluntary or involuntary separation after 5 years' service; amount of retirement pay, and under what retirement act; and rating if retired from military or naval service.			37. (a) If you served in the U. S. Military or Naval Service during peacetime <b>ONLY</b> , did you participate in a campaign or expedition and receive a campaign badge or service ribbon?..... (b) Are you a disabled veteran?..... (c) Are you the unmarried widow of a veteran?..... (d) Are you the wife of a veteran who has service-connected disability?.....								
31. Are you an official or employee of any State, Territory, county, or municipality?..... If your answer is "Yes," give details in Item 38.			IF YOUR ANSWER TO QUESTION 37 (a), (b), (c), OR (d) IS "YES," AND YOU WISH TO CLAIM VETERAN PREFERENCE, ATTACH TO THIS APPLICATION VETERAN PREFERENCE CLAIM (CIVIL SERVICE COMMISSION FORM 14) TOGETHER WITH THE NECESSARY PROOF SPECIFIED THEREIN.								
32. Does the U. S. Government employ in a civilian capacity any relative of yours (by blood or marriage) with whom you live or have lived within the past 6 months?..... If your answer is "Yes," show in Item 38 for EACH such relative: (1) full name; (2) present address; (3) relationship; (4) department or agency by whom employed, and (5) kind of appointment.			<b>THIS SPACE FOR USE OF APPOINTING OFFICE ONLY</b>								
33. Have you ever had a nervous break-down?..... If your answer is "Yes," give complete details in Item 38.			The information contained in the answers to Question 36 above has been verified by comparison with the discharge certificate on _____, 19____.								
34. Have you ever had tuberculosis?..... If your answer is "Yes," give complete details in Item 38.			Agency: _____ Title: _____								

If more space is required, use paper the same size as this page. Write on each sheet your name, address, date of birth, and examination title. Attach to inside of this application.

FALSE STATEMENT ON THIS APPLICATION IS PUNISHABLE BY LAW (U. S. CODE TITLE 18, SECTION 80).

I certify that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

Date \_\_\_\_\_

Signature of applicant \_\_\_\_\_  
(Sign your name in INK (one given name, or initials, and surname). If female, prefix Miss or Mrs. and if married use your own given name as "Mrs. Mary L. Doe.")

**OATH OF OFFICE, AFFIDAVIT,  
AND  
DECLARATION OF APPOINTEE**

(Department or Establishment)

(Bureau or Division)

(Place of Employment)

**A.  
OATH OF  
OFFICE**

I, \_\_\_\_\_,  
Do solemnly swear (or affirm) that I will support and defend the constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter. SO HELP ME GOD.

**B.  
AFFIDAVIT**

Do further swear (or affirm) that I do not advocate, nor am I a member of any political party or organization that advocates the overthrow of the Government of the United States by force or violence; and that during such time as I am an employee of the Federal Government, I will not advocate nor become a member of any political party or organization that advocates the overthrow of the Government of the United States by force or violence.

**C.  
DECLARATION  
OF APPOINTEE**

Do further certify that (1) I have not paid or offered or promised to pay any money or other thing of value to any person, firm, or corporation for the use of influence to procure my appointment; (2) I will inform myself of and observe the provisions of the Civil Service law and rules and Executive orders concerning political activity, political assessments, etc., as quoted on the attached Information for Appointee, and [strike out either (3) or (4)]

(3) the answers given by me in the Declaration of Appointee on the reverse of this sheet are true and correct;

(4) the answers contained in my Application for Federal Employment, Form No. \_\_\_\_\_, dated \_\_\_\_\_, 19\_\_\_\_, filed with the above-named department or establishment, which I have reviewed, are true and correct as of this date, except for the following (if necessary, use additional sheet; if no exceptions write "none"; if (4) is executed, the reverse of this sheet need not be used):

Do further swear (or affirm) that I am not engaged in any strike against the Government of the United States and that I will not so engage while an employee of the Government of the United States; that I am not a member of an organization of Government employees that asserts the right to strike against the Government of the United States, and that I will not while a Government employee become a member of such an organization.

(Signature of Appointee)

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ A. D., 19 \_\_\_\_\_

at \_\_\_\_\_, \_\_\_\_\_  
(City) (State)

[SEAL]

(Signature of Officer)

(Title)

**NOTE.**—If the oath is taken before a Notary Public the date of expiration of his commission should be shown

16-32804-2

(Date of Entrance on Duty)

(Position to which appointed)

(Date of Birth)



This form, if required, is to be completed before entrance on duty. Every question must be answered. Any false statement in this declaration will be grounds for cancellation of application or dismissal after appointment. False personation is a criminal offense and will be prosecuted accordingly.

1. Present Address -----  
 (Street and Number) (City and State)

2. Who should be notified in case of emergency? -----  
 (Name) (Relationship)  
 (Street and Number) (City and State)

3. Does the U. S. Government employ in a civilian capacity any relative of yours (either by blood or marriage) with whom you live or have lived within the past 6 months? Yes or No? ----- If so, for each such relative fill in the blanks below. If additional space is necessary, complete under Item 12.

Name	Post-office address (Give street number, if any)	(1) Position and (2) Temporary or not, and (3) Department or office in which employed	Relation- ship	Married or single	Age
		1. ----- 2. ----- 3. -----			
		1. ----- 2. ----- 3. -----			
		1. ----- 2. ----- 3. -----			

4. Place of birth -----  
 (Town) (State or Country)

Indicate "Yes" or "No" answer by placing <b>X</b> in proper column	Yes	No	12. Space for detailed answers to other questions.
5. Are you a citizen of the United States? -----			ITEM NO. Write in left column numbers of items to which detailed answers apply
6. If foreign born, have you furnished proof of naturalization or citizenship to (1) the U. S. Civil Service Commission? ----- (2) this agency in connection with this appointment? -----			
7. Since you filed application resulting in this appointment, has there been any change in the status of your citizenship, or of the persons through whom you gained your citizenship? -----			
8. (a) Do you hold any position or office under the United States or any State, Territory, County, or Municipality? ----- If so, state the place, position, and salary under Item 12. (b) Are you willing to resign such position or office if it becomes necessary to do so in order to hold the Federal position? -----			
9. Do you receive any pension or other benefit for military or naval service or an annuity from the U. S. or D. C. Government under any Retirement Act? ----- If so, give details under Item 12, stating whether you were retired for age, length of service, or disability; amount of retirement pay and under what retirement act; and rank, if retired from military or naval service.			
10. Since you filed application resulting in this appointment, have you been discharged for misconduct or unsatisfactory service, or forced to resign from any position? ----- If so, give under Item 12 where employed, name and address of employer and the reason for discharge in each case.			
11. Since you filed application resulting in this appointment, have you been arrested, or summoned into any civil or military court as a defendant, or indicted for or convicted of any offense (felony or misdemeanor)? ----- If so, for each case give under Item 12 (1) the date, (2) the name and location of the court, (3) the nature of the offense or violation, and (4) the penalty, if any, imposed, or other disposition.			

### INSTRUCTIONS TO APPOINTING OFFICER

The appointing officer before whom the foregoing certificate is made shall determine to his own satisfaction that this appointment would be in conformance with the Civil Service Act, applicable civil-service rules, the War Service Regulations, and acts of Congress pertaining to appointment.

This form should be checked for holding of office, pension, purchase of office, suitability in connection with any record of recent discharge or arrest, promise to observe provisions regarding political activity, and particularly for the following:

(1) **Identity** of appointee with the applicant whose appointment was authorized. The appointee's signature and handwriting are to be compared with the application and/or other pertinent papers. The physical appearance may be checked against the medical certificate. The appointee may also be questioned on his personal history for agreement with his previous statements.

(2) **Age**.—If discrepancy exists between the date of birth and that on application, and if definite age limits have been established for the position, it should be determined that applicant is not outside the age range for appointment.

(3) **Citizenship**.—The responsibility for observing provisions of appropriation acts prohibiting or restricting the employment of noncitizens lies with the appointing

officer. The Civil Service Commission indicates on applications showing foreign birth that citizenship has been verified. The appointing officer should verify citizenship if the list of eligibles or the letter of authority from the Commission makes the appointment subject to proof of citizenship, or if the application shows foreign birth but does not indicate on its face that citizenship has been proved. If the answer to question 4 of this form shows foreign birth and the application shows birth in the United States, the case should be referred to the Civil Service Commission.

(4) **Members of Family**.—Section 9 of the Civil Service Act provides that whenever there are already two or more members of the family in the classified service, no other member of such family is eligible for appointment in that service. Minors do not establish a different family merely by living at an address different from that of the parents. Doubtful cases involving more than two members of family, including all pertinent evidence, should be referred to the Civil Service Commission or its duly authorized representatives for decision. Under War Service Regulations, the members of family provision does not apply to temporary appointments for one year or less.

16-41350-1 ★ U. S. GOVERNMENT PRINTING OFFICE : 1944

I hereby acknowledge receipt of one copy of Top Secret Draft of  
Pouch Letter to All SSU Missions RE Transfer of SSU Overseas Missions

25X9

*5 Copies*



25X1

*Draft of  
10 Sept. 46.*

---

---

---

---

---

---

---